

Missouri Department Of Mental Health

Presents

**From Research to Practice:
Spring Training Institute**

Putting H.O.P.E in Motion

*Maximizing Therapeutic Effectiveness with Difficult,
Challenging, and Resistant Clients*

with

Bob Bertolino, Ph.D

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**Bob Bertolino, Ph.D.
TCCT, LLC
P.O. Box 1175 – St. Charles, Missouri 63302 USA
+01.314.983.9861 phone/fax
bertolinob@cs.com – www.tcctinc.com**

PHILOSOPHY, RESEARCH, AND PRACTICE

Philosophy

All practitioners have underlying philosophies about how people change, mental illness, diagnoses, etc. The impact of philosophy on change processes is enormous. Begin by having a willingness to continually reexamine what you believe and the role that your beliefs have on the processes and practices you employ in your services

An acronym to remember:

H.O.P.E.

H – Humanism

O – Optimism

P – Possibilities

E – Expectancy

Research

What is the empirical justification for the ways in which you practice? Numerous questions have resulted from 40 years of outcome data. What we can conclude at this point in time is that the majority of change that occurs in therapy is the result of client contributions. Further, collaboration is a key to success. The more favorable clients' views of the therapeutic relationship and the more they are involved in therapeutic processes (alliance) the more likely they are to benefit from services. Collaborative therapists explore ways of including, not excluding, clients.

Practice

Are the processes and practices (i.e., methods, models, and techniques) that you employ in everyday practice consistent with your philosophy? Are they supported by research? There should be consistency with your philosophy and what the data indicates contributes to successful outcomes.

INCREASING COLLABORATION IN THERAPY

FOUNDATIONAL IDEAS

1. **Clients As Agents of Change**
2. **Honoring the Therapeutic Relationship and Alliance**
3. **Clients' Orientations and Theories as Guides to Change**
4. **A Change Orientation**
5. **Directions, Goals, and Outcomes**
6. **Expectancy, Hope, and Placebo**
7. **Means and Methods**

STRATEGIES

- Philosophy (encourage client participation, emphasize change)
- Provide a rationale for services and be clear about the expectations of those receiving services
- When possible, provide a range of service options
- Acknowledge the efforts of clients (e.g., being present at a meeting, talking with you, etc.)
- Wherever possible, accommodate services to clients' views of the therapeutic relationship and alliance (i.e., How do they see you being of help to them?) Consider:
 - Clients' ratings of the relationship are the most consistent and best predictor of outcome
 - Build in processes for inviting feedback and incorporate that feedback into interactions, decision-making, and service provision
 - Check in with clients on an ongoing basis
- Use assessment processes as opportunities to promote change and explore the strengths of clients
- The quality of the client's participation in services is an excellent contributor to successful outcomes
 - Collaborate with clients (e.g., invite to staffings and meetings, etc.)
 - Work toward agreement on goals and tasks (approaches) to achieve those goals – the more that clients are in agreement, the more likely they are to rate those alliances higher and high alliances tend to yield better outcomes
 - Increase the “factor of fit”
- Encourage clients to have “experimental minds” and be creative
- Provide psychoeducation from a collaborative perspective
- Identify small indicators of change and amplify those changes (e.g., How did you get that to happen? What did you do? What else needs to happen for that to continue?)
- Use “interventions” (i.e., methods, models, techniques, etc.) that promote hope
- Assist clients with attributing the majority of change to their own qualities and actions
- If stuck, consult with those receiving services, not theories
 - Consult with colleagues, use a team approach, etc.
 - In lieu of progress, don't wait too long for clients to take corrective steps
 - Take it upon yourself to do something different rather than waiting for clients to do so
- Believe in what you do and how you practice

Adapted from:

Bertolino, B. (2003). *Change-oriented therapy with adolescents and young adults: The next generation of respectful and effective processes and practices*. New York: Norton.

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MAXIMIZING THERAPEUTIC EFFECTIVENESS

- Setting is predictive of outcome
- The aim is not for clients to have problem-free lives
- Remain aware that change is predictable—the most significant portion of change occurs early on in services
 - Regardless of the approach being used, clients only attend a handful of sessions (M=1; GP philosophy of consumers)
 - All large-scale meta-analytic studies indicate that the majority of change in treatment happens earlier rather than later in service provision
- N=1: Approach each interaction/meeting as if it will be the only one
- Opening moments/interactions are critical
- Build on expectancy that accompanies the start of services, change, etc. – this can build hope
- Build in processes for eliciting *and* incorporating client feedback
- Focus on change as opposed to stuckness
- Explore exceptions to problems
- Recognize that clients and their support systems are the most significant contributors to outcome
 - Identify internal strengths and abilities including resilience, protective factors, and coping skills (have clients convince you)
 - Identify and tap into past, present, and potential social and community resources
 - Explore competencies, resources, and possibilities without minimizing pain and suffering
- Use “possibility-laced” language (reflect, summarize, paraphrase, give permission, validate, and include any binds)
- Remain present to future-focused (without downplaying the past)
- Avoid ambiguity: Make sure goals are clear, observable (action-based), measurable, realistic, and focused on what needs to be different *now*
- Learn from clients how change has occurred in the past, how it may occur in the future, and what is already changing
- Tap into clients’ worlds outside of interactions/sessions—including spontaneous chance events and link that change to problem areas
- Use a “Revolving Door” philosophy

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A FRAMEWORK FOR BECOMING MORE TIME-SENSITIVE

- 1. Talk with clients about the how process and outcome-related feedback inform services.**
Discuss with clients the role of feedback in providing the highest quality services. Introduce the idea of asking questions and/or using tools to elicit client feedback about processes and outcomes.
- 2. Create listening space and learn clients' stories.** Listen and attend to clients' stories by using acknowledgment and validation. Make a distinction between internal experience and actions.
- 3. Tune into and match clients' ideas as to what are possible influences on their problems and what are possibilities for solutions.** Listen closely to what influences they see as attributing to their concerns (e.g., cognitions, familial, relational, behavioral, biological, cultural, etc.).
- 4. Accommodate therapy to clients' goals and those of outside helpers.** **1.** Create a focus and be clear on what needs to change. Determining what needs to change means creating a goal that is both achievable and solvable. Achievable goals consist of clients' actions or conditions that can be brought about by their actions. **2.** Determine how it will be known when things are better. When it's clear what needs to change, we want to know what the change will look like when it happens (if it isn't already). **3.** Determine how it will be known that progress is being made. Clients oftentimes will become frustrated or irritable if they don't feel that change is happening. What we want to do is help people to identify "in-between" change. That is, what will indicate that progress is being made?
- 5. Assess decisional balance—motivation for positive change.** What are the potential benefits of positive change? What are the possible drawbacks?
- 6. Use means and methods that match clients' and others' ideas about the influences (see #3) on problems and how change positive might occur with viewing, action, or interaction.**
Collaborate with clients on tasks to achieve goals and preferred futures.
- 7. Evaluate progress.** Identify, amplify, and extend change. When applicable, share change with larger social contexts.
- 8. In lieu of positive change, "check in" with clients, reassess motivation, goals, and means and methods for achieving change.** When stuck, consult with clients not theories.
- 9. Check in with self and be aware of four pathways of impossibility.** Consider the role you play as a practitioner and the influence it has on inhibiting or promoting possibilities for positive change.